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366 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in Ward) a hospital or Institution give Its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, (Month) (Day ONOIVORCEO I HEREBY CERTIF Y. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 50 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duratioo) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State _____ yrs. ____ mos. ____ ds ,..... yrs. mos. _ ds. Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Sarvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonilis," etc. State canse for childbirth or miscarriage as "Puerpenal septichac etc., when a definite disease can be ascertained as the "Heart failnre," "Haenorrhage," "Juanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection used not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJULY and qualify as cause. "Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci which surgical operation was undertaken. For vio The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. It death occurred la .Ward) a hospital or Institution. give its NAME instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 STNALE 3 SEX 4 COLOR OR RACE MARRIED. 1915 WIDOWED. (Morth) (Day) (Year) (Write the word) That I attended deceased from 8 DATE OF BIRTH une (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ENT OF FATHER
(State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death Where was disease contracted 14 THE ABOVE IS It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERT ADDRESS ujuu

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPEEAL septichacmia," "PUERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical 'er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Never report Examples: For vio-



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. I'll death occurred in .Ward) a hospital or institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1882 (Month) (Day (Year) If LESS than 7 AGE 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs._ of death yrs. mos. ds. Where was disease contracted, 14 THE ABOVE IS it not at place of death?. Former or (Informant) usual residence. 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. canse of death approved by Committee on Nomenclasepsis, tetanus) may be stated nuder the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc., childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," naut neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State canse for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset ststement of OCCUPATION is very importent. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN R. No. 1.

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PLACE OF DEATH 369	STATE OF MARYLAND CERTIFICATE OF DEATH
County Lasses	Registered No. 5
Village or City Les Les Les (No.)	St; Ward) [If death occurred in a hospital or institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, OR DIVORCÉO (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from 191 to 191, 191, 191, 191,
7 AGE (Month) (Day) (Year) / 1 LESS than 1 day,	and that death occurred on the date stated above, at 8.30 P.m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country) Marylace	(Doration) yrs mos ds Contributory (Secondary) (Deration) yrs mcs ds
10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) S. H. Jallow B. Defection Care Constitution of the Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informact)	Where was disease contracted, If not at place of death? Former or usual residence
Filed January 5, 191 4 Earth Management REGISTRAR If more blanks are needed, address State Registra.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER PLACE OF BURIAL ADDRESS ADDRESS BE PERBURIN SE PARTE PROPERTIES V. S. N.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino defenses and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerclirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or Institution. give Its NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH MARRIEO LA an (Month) (Day (Year) ORDIVORCED (Write the word) CERTIFY, That I attended deceased from 17 DATE OF BIRTH allye on. (Month) (Day (Year) TAGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, of particular kind of work. (b) General nature of industry, business, or establishment in (Duratioo) which employed (or employer) Contributory 9 BIRTHPLACE (State or countr Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIDLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State yrs. yrs. _ ds. Where was disease confracted if nof at place of death! BATE OF BURIAL 16 UNDERTAKE ADDRESS

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occorred in St:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR mlo. ? BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. Where was disease contracted. If oot at place at death? osual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscuife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis "Contributory." which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FADING INK-	ully supplied. Act it may be prop
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3	N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH 372	STATE OF MARYLAND		
County Culnut	CERTIFICATE OF DEATH		
	Registration Dist. No. 57		
Village or City Lundeland (No.	St.; Ward) [if death occurred in a hospital or institution give its MAME lostead of street and number.]		
FULL NAME Marie 100	ет опестани вышин.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Jack 56, 191.4. (Month) (Day) (Year)		
6 DATE OF BIRTH NO OS COMO	17 I HEREBY CERTIFY, That I sttended decessed from 1915, to 1914,		
(Month) (Day) (Year)	that I last saw h data alive on " 1,191 14		
AGE 11 LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at		
6 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry,	Typhin frum		
business, or establishment in which employed (or employer)	Contributory If how have		
BIRTHPLACE (State or country)	(Secondary)		
10 NAME OF Joseph Rend	(Signed) (Signed) , M. D.		
11 BIRTHPLACE OF FATHER (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
of Mother Januar Moroell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.		
(Informant)	Where was disease contracted, if not at place of death?		
(Address) See delaced	Sunder land DATE OF BURIAL		
Filed	20 UNDERTAKER ADDRESS		
REGISTRAR	Dung, Dewell Willows		
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

it should be used vary.

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinal term for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid (avoid use Carcin-

> such, if impossible to determine definitely. childbirth or miscarriage, as "Putereral septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," ... (name origin; "Can-State cause for "Exhaustion," Examples:



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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [It death occurred in St:----Ward) a hospital or Institution, give its NAME lostead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. Zy WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country yrs. mos. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. ness of warious pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperar septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... mere symptoms or The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-(name origin; "Can-"Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

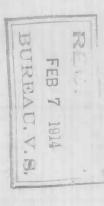
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PLACE OF DEATH	STATE OF MARYLAND
Calanta	CERTIFICATE OF DEATH
Gounty.	Registration Dist. No. 50
X	Registration Dist, No.
Village or City (No(No	St.; Ward) [If death occurred to a hospital or institution,
	give its NAME Instead
Die Wo	Erla Cleans of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH au 19 , 1914
Terrale Colotta (WIDOWED, ORDIVORCED)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
Sept / 1908	6, 1914, to full 1914,
(Month) (Day (Year)	that I last saw hit alive on france 8, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 4 m,
5 3 19 1 day,hrs.	The CAUSE OF DEATH + was as follows:
yrs	Johar menmonia
(a) Trade, profession, or	
parficular kind of work.	
(b) General nature of indusfry, business, or establishment in	(Duration) yrs mos S ds.
which amployed (or employer)	Contributory
9 BIRTHPLACE (State or country) Maryla	Secondary
10 NAME OF SI	(Quration) yrs mos ds.
FATHER VILLA Weems	(Signed) Co Chamber, M. Dy
M 11 BIRTHPLACE SO	Jan 19, 191 4 (Address) Justinos mid
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Linabelle A OF MOTHER OF MOTHER	
2 12 MAIDEN NAME Q	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Charles to horson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Chyabeth Occurs	Former or usual residence Thomas Providence
Sellen Ford	19 PLACE OF BURIAL OR REMOVAL QATE OF BURIAL
(Address)	Hohmo a MEChurch Jan 20 191 4
16 () a-19 11 17 (hours)	POUNDERTAKER ADDRESS /
Filed. 191 4 Control Registrar	Will Smother Colinsh and
No up to the	trar. 6 E. Frankliu St., Baito, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING BEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the uature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of iujury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secoudary), 10 ds. ample: affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustiou," Never report



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PLACE OF DEATH

5 SINGLE,

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(Write the word)

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OR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St :----Ward)

Ilf death occurred in a hospital or Institution. give its NAME instead of street and oumber.]

	MED	ICAL CER	TIFICATE	OF DEAT	Н	
16 DATE	OF DEATH		Bur (Month)		/ax)	
17	IHE	REBY CE	RTIFY, That	1"	- /	
			, to			
that i iss	t saw h	alive on	1			, 191
and that	death occur	red on the	date state	d above,	t	r
The CAUS	SE OF DEA	TH* Was	as follows:			
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Signed) *State CAUSES, TAL, SU 18 LENGT OR REC	the Disma state (1)	(Address BE CAUSING MEANS OF HOMICIDAL	(Duration) DEATH, OF, INJURY; RE	in death	s from	VIOLENT ACCIDEN
*State CAUSES, TAL, SU	othe DISEA State (1) ICIDAL, or H OF RESI	(Address BE CAUSING MEANS OF HOMICIDAL DENCE (FO	(Duration) DEATH, or, INJURY; and In the	yrsyrs, In death id (2) wi	s from nether	VIOLENT ACCIDEN-
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(Signed) *State CAUSES, TAL, SU 18 LENGT OR REC of death Where was If not at pla	the DISMA state (1) (ICIDAL, or H OF RESI ENT RESIDE) yrs	(Address BE CAUSING MEANS OF HOMICIDAL DENCE (FONTS) . mos	(Duration) DEATH, or, INJURY; and In the	yrsyrs	s from nether ions, Ta	VIOLENT ACCIDEN-
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as dutics of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for Examples: For VIO-



	shou
RECORD	PHYSICIANS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly elastified. Exact statement of OCCIDETION.
	Ver

STATE OF MARYLAND state CERTIFICATE OF DEATH D 10 Registration Dist. No. 57 lit death occurred in St: Ward) a hospital or institution. give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 BATE OF DEATH 3 SEX MARRIED. 322 (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH . 191..... to... (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory. certificate (State or country) (Secondary) 10 NAME OF Jo back 11 BIRTHPLACE Y OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER See Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) _____ yrs. mos. ds. State yrs, ____ mos, ___ ds. 14THE ABOVE Where was disease contracted. If not at place of death?-Former or Every item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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